

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

*CERTIFICATE OF WAIVER*

LABORATORY NAME AND ADDRESS

ROWAN COUNTY EMERGENCY MEDICAL SERVICE  
2727 OLD CONCORD RD SUITE E  
SALISBURY, NC 28146

LABORATORY DIRECTOR

LENNIE M COOPER

CLIA ID NUMBER

34D2026777

EFFECTIVE DATE

07/11/2013

EXPIRATION DATE

07/10/2015

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Judith A. Yost, Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Medicaid and State Operations